

## **VOLUNTEERS IN POLICING**

## **AUTHORIZATION FOR BACKGROUND INVESTIGATION**

Applicant Name:	
	(First ) (Middle) (Last)
Address:	(Street) (City) (State) (Zin)
	(Street) (City) (State) (Zip)
Mailing address:	(Street) (City) (State) (Zip)
	(Street) (City) (State) (Zip)
Home phone:	Work phone:
California Driver License #:	
Social Security #:	<del>-</del>
	? ( ) Convicted of a felony? ( ) Convicted of a
Are you currently on probation or	r parole: ( ) Yes ( ) No
Have you ever been fingerprinted	!? ( ) Yes ( ) No
concerning my reputation, medica of a confidential or privileged nat	olice Department to conduct a background investigation al, physical and criminal records including information ture. I authorize the Hollister Police Department to use a considered the same as the original for the purposes of a
Signature of applicant:	Date: